



**Secretary of State
Statement of Information
(Limited Liability Company)**

29
LLC-12

16-760097

FILED
Secretary of State
State of California

AUG 30 2016

IMPORTANT — Read instructions before completing this form.

Filing Fee - \$20.00

**Copy Fees – Face Page \$1.00 & .50 for each attachment page;
Certification Fee - \$5.00**

21/2016
This Space For Office Use Only

1. Limited Liability Company Name
ZapLabs LLC

2. 12-Digit Secretary of State File Number
201424810061

3. State or Place of Organization (only if formed outside of California)
Delaware

4. Business Addresses

a. Street Address of Principal Office - Do not list a P.O. Box 2000 Powell Street	City (no abbreviations) Emeryville	State CA	Zip Code 94608
b. Mailing Address of LLC, if different than Item 4a 175 Park Avenue	City (no abbreviations) Madison	State NJ	Zip Code 07940
c. Street Address of California Office, if Item 4a is not in California - Do not list a P.O. Box	City (no abbreviations)	State CA	Zip Code

5. Manager(s) or Member(s)

If no **managers** have been appointed or elected, provide the name and address of each **member**. At least one name and address must be listed. If the manager/member is an individual, complete Items 5a and 5c (leave Item 5b blank). If the manager/member is an entity, complete Items 5b and 5c (leave Item 5a blank). Note: The LLC cannot serve as its own manager or member. If the LLC has additional managers/members, enter the name(s) and addresses on Form LLC-12A (see instructions).

a. First Name, if an individual - Do not complete Item 5b	Middle Name	Last Name	Suffix
b. Entity Name - Do not complete Item 5a Realogy Services Group LLC			
c. Address 175 Park Avenue	City (no abbreviations) Madison	State NJ	Zip Code 07940

6. Agent for Service of Process

Item 6a and 6b: If the agent is an individual, the agent must reside in California and Item 6a and 6b must be completed with the agent's name and California address. Item 6c: If the agent is a California Registered Corporate Agent, a current agent registration certificate must be on file with the California Secretary of State and Item 6c must be completed (leave Item 6a-6b blank).

a. California Agent's First Name (if agent is not a corporation)	Middle Name	Last Name	Suffix
b. Street Address (if agent is not a corporation) - Do not list a P.O. Box			
c. California Registered Corporate Agent's Name (if agent is a corporation) - Do not complete Item 6a or 6b Corporate Creations Network Inc.		State CA	Zip Code

7. Type of Business

a. Describe the type of business or services of the Limited Liability Company
Services related to real estate

8. Chief Executive Officer, if elected or appointed

a. First Name James	Middle Name	Last Name Wilson	Suffix
b. Address 2000 Powell Street, Suite 300	City (no abbreviations) Emeryville	State CA	Zip Code 94608

9. The information contained herein, including any attachments, is true and correct.

8/25/2016

Seth I. Truwit

SVP, Asst Sec'y

Date

Type or Print Name of Person Completing the Form

Title

Signature

Return Address (Optional) (For communication from the Secretary of State related to this document, or if purchasing a copy of the filed document enter the name of a person or company and the mailing address. This information will become public when filed. SEE INSTRUCTIONS BEFORE COMPLETING.)

Name: []
Company:
Address:
City/State/Zip: []